

# UNIVERSITY INTERSCHOLASTIC LEAGUE

## TENNIS RESULTS FORM

### CHECK ONE:

**DISTRICT**

Conference \_\_\_\_\_

**REGIONALS**

Region \_\_\_\_\_

**STATE**

District \_\_\_\_\_

**Please fax or email results to the director of the next highest tournament and keep a copy for your files.**

First and second place singles and doubles qualify to the next highest tournament. If a qualified contestant or team cannot participate, then an alternate place winner shall be notified. Exception: Substitutions may be made for illness, injury, academic ineligibility, or if a student is penalized by the school for misconduct. A substitution should only occur for one member of the doubles team and shall be from the school's Varsity Sport Eligibility Form. If both qualified members of a doubles team are unable to play, the alternate team should be contacted.

### BOYS DOUBLES:

City and School	First & Last Names
1 _____	_____
	_____
2 _____	_____
	_____
Alt 3 _____	_____
	_____
Alt 4 _____	_____
	_____

### GIRLS DOUBLES:

City and School	First & Last Names
1 _____	_____
	_____
2 _____	_____
	_____
Alt 3 _____	_____
	_____
Alt 4 _____	_____
	_____

**MIXED DOUBLES:**

City and School

First & Last Names

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

Alt 3 \_\_\_\_\_

\_\_\_\_\_

Alt 4 \_\_\_\_\_

\_\_\_\_\_

**BOYS SINGLES:**

City and School

First & Last Name

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

Alt 3 \_\_\_\_\_

\_\_\_\_\_

Alt 4 \_\_\_\_\_

\_\_\_\_\_

**GIRLS SINGLES:**

City and School

First & Last Name

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

Alt 3 \_\_\_\_\_

\_\_\_\_\_

Alt 4 \_\_\_\_\_

\_\_\_\_\_

CERTIFICATION: I hereby certify that I am the tournament director or am acting on his/her behalf and that the above report is true and correct.

Director's Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone No. \_\_\_\_\_